

Folsom Educational Academy

381 S Lexington Dr.

Folsom, CA 95630

Application for Admission 2017-18

For Office Use:

Student ID: _____

Accepted: _____

www.feaschool.com

Email: contactfea@gmail.com

Phone: (916) 790- 8599

Submit with \$300 Registration Fee

Grade (circle one): **KG, 1, 2, 3, 4, 5**

Student Information (Please print clearly)

Student's last name: _____ First name: _____ Middle Initial: __

Birth date: _____ Age: _____ Boy Girl

Place of birth: _____ State/Country of birth: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____

Student lives with

- Parents Father only
 Mother only Other

Last school attended

Name: _____

Phone: _____

Address: _____

State

Zip

Has student applied/attended FEA before? Yes No

Do siblings attend FEA? Yes No

NOTE: If student is not residing with both parents, proof of custody must be submitted at registration time.

Father (or guardian) information:

Last name: _____ First name: _____ Middle initial: _____

Address (if different from students): _____ City: _____ State: _____ Zip: _____

Home phone: _____

Employer's name: _____ Occupation: _____

Employer's address: _____ Work phone: _____

Email: _____ Contact Phone: _____

Mother (or guardian) information:

Last name: _____ First name: _____ Middle initial: _____

Address (if different from students): _____ City: _____ State: _____ Zip: _____

Home phone: _____

Employer's name: _____ Occupation: _____

Employer's address: _____ Work phone: _____

Email: _____ Contact Phone: _____

Parent's signature: _____

Date: _____

Print name of parent signing above: _____